

**ARKANSAS DEVELOPMENT
FINANCE AUTHORITY**

**HOMEOWNER
PROGRAM**

**NEW CONSTRUCTION
APPLICATION**

HOME INVESTMENT PARTNERSHIPS PROGRAM



INSTRUCTIONS FOR SUBMITTING APPLICATIONS

When you submit your completed application, please follow these instructions:

1. **Submit one (1) signed original.**
Submit only one (1) set of the attachments.

NO COPIES REQUIRED

Submit the Application Packet to:

Home Application Committee
Arkansas Development Finance Authority (ADFA)
P. O. Box 8023
Little Rock, AR 72203

2. **Standard Form 424 and HUD Form 424-M**, at http://www.hudclips.org/sub_nonhud/html/pdfforms/sf424.pdf for the SF-424 and http://www.hudclips.org/sub_nonhud/html/pdfforms/424-m.pdf for the HUD 424-M must be submitted with your application to the State Clearinghouse if you have not done so.

(Note: You must first install the Adobe Acrobat Reader found on the HOME Program Webpage at www.state.ar.us/adfa under the heading “Guides and Applications” before attempting to open and print this document)

If the applicant is not a state agency, a copy of this same information must be submitted to the appropriate area-wide Clearinghouse. The state address is:

State Clearinghouse
1515 W. 7th Street
1515 Building, Room 417
Little Rock, AR 72201

3. Please retain a copy of the full application for your files.
4. Answer **all** questions. If not applicable to your program, mark NA.
5. Only materials submitted on the standard forms included in the application packets (or copies of the forms) will be accepted for review. Use only forms provided and additional sheets if necessary.
6. **Do not bind, staple or use Acco fasteners. Arrange the application as Part I and the Attachments as Part II. Clip the packet together with a binder clip.**
7. Use the checklist to ensure that all documents are enclosed.

HOMEOWNER NEW CONSTRUCTION APPLICATION CHECKLIST

I. APPLICATION (Submit one (1) original of the following)

- ____ Cover sheet with applicant name
- ____ Checklist
- ____ Standard Form 424
- ____ Standard Form 424-M
- ____ Application for HOME Assistance
- ____ Certification Page, signed and dated <http://www.state.ar.us/dfa/accounting/psc.html>

II. ATTACHMENTS (Submit **one copy only** of each attachment)

- ____ 1. Copy of Census Tract, 1990
- ____ 2. Site Control (Copy of Option/Sales Contract/Deed)
- ____ 3. Appraisal
- ____ 4. Verification of Arm's Length Transaction
- ____ 5. Verification of Site Zoning
- ____ 6. Plans and specifications (if applicable)
- ____ 7. Copy of bid proposals or the results of bid proposals
- ____ 8. Copy of general contracts, estimates or sworn statements supporting proposed budget
- ____ 9. Copy of commitment letters from each funding source
- ____ 10. Copy of Contractors License with State
- ____ 11. Pre-qualification procedures established (list of approved applicants)
- ____ 12. Copy of "NOTICE TO BID" advertisement, as applicable
- ____ 13. Staff resumes & Consultant resumes
- ____ 14. Provide comparable sales in the area and listings
- ____ 15. Copy of Contractor Agreement, if negotiated
- ____ 16. Copy of the Affirmative Market Plan
- ____ 17. Copy of City's Adopted Fair Housing Ordinance
- ____ 18. Completed and signed Minority and Women Business Plan
- ____ 19. Letter from highest governmental official stating that the Project is needed and accepted in the community
- ____ 20. Financial Statements of Project Owner(s)
 - ____ a. New Applicant-Balance Sheet, Profit and Loss Statement for past two years
 - ____ b. Prior or Current Applicant-Balance Sheet, Profit and Loss Statement for past year
- ____ 21. Flood Plain Map
- ____ 22. Area map with directions to the site
- ____ 23. Market Study or comparable documentation that there is a need and market for the homes
- ____ 24. Plan for Section 3
- ____ 25. List of specific affordable housing projects (federally funded or subsidized), completed in last five (5) years. Single-family rental projects completed within one (1) year may be listed as one project.
- ____ 26. Cooperative Agreement, if joint application.
- ____ 27. Contract and Grant Disclosure and Certification Form (F-1 and F-2)
- ____ 28. Form W-9 Request for Taxpayer Identification
- ____ 29. Environmental Assessment

INSTRUCTIONS FOR THE SF 424

This is a standard form used by applicants as a required cover sheet for applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item: Entry:

1. Self-explanatory.
2. Date application submitted to Federal agency (or State if applicable) & applicant's control number (if applicable).
3. State use only (if applicable)
4. If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.
5. Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.
6. Enter Employee Identification Number (EIN) as assigned by the Internal Revenue Service.
7. Enter the appropriate letter in the space provided.
8. Check appropriate box and enter appropriate letter(s) in the space(s) provided:
___ **"New"** means a new assistance award.
___ **"Continuation"** means an extension for an additional funding/budget period for a project with a projected completion date.
___ **"Revision"** means any change in the Federal Government's financial obligation or contingent liability from an existing obligation.
9. Name of Federal agency from which assistance is being requested with this application.
10. Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.
11. Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location.
12. List only the largest political entities affected (e.g., State, counties, cities).
13. Self-explanatory.
14. List the applicant's Congressional District and any District(s) affected by the program or project.
15. **Use form HUD-424-M, Funding Matrix.** Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate *only* the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.
16. Applicants should contact the State Single Point Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.
17. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.
18. To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)

**PLEASE NOTE: ALL BLOCKS MUST BE COMPLETED OR YOUR APPLICATION
WILL BE RETURNED AND SUBJECT TO REJECTION**

**APPLICATION FOR
HOME ASSISTANCE**

1. Applicant: Address: _____ City/Zip Code: _____ Phone: _____ Fax: _____ County: _____			
2. Application Preparer: Address: _____ City/Zip Code: _____ Phone: _____ Fax: _____		? 2a. Owner/Developer: ? Address: _____ ? City/Zip Code: _____ ? Phone: _____ Fax: _____	
3. Project Summary: (Include owner/developer if different from 1 or 2 above) _____ _____ _____			
4. Type of Applicant: (check one) ___ City ___ Joint ___ CHDO ___ County ___ Non-Profit Other _____ List Minor Parties _____			
5. State Senate District No.(s) _____ Congressional District _____		State Representative District _____ Planning & Development District _____	
6. Total Project Budget: % a. HOME \$ _____ b. State \$ _____ c. Local \$ _____ d. Federal \$ _____ e. Private \$ _____ f. Total \$ _____		8. New Construction 9. Income of Population Served ___ 30% of area median income or below ___ 31% to 51% of area median income ___ 51% to 80% of area median income ___ Above 80% of area median income	
7. County(ies) Served _____ _____ (attach map with service area highlighted)			
10. Is the development or project underway? <u> </u> If yes, processing on your application is concluded.			
11. Certification of Chief Elected Local Official or Chairman of the Board To the best of my knowledge and belief, all data contained in this application is true and correct and its submission has been duly authorized by the governing body. I understand that if the application is found to contain significant misinformation or deviates significantly from the integrity of the HOME application process, this application will be returned and could result in disqualification. Signature: _____ Title: _____ Name: _____ Date: _____			
*All joint applications must be accompanied by cooperative agreements between all the jurisdictions applying for funds in the application. (Attachment 26)			

ADFA Form 4000-98

Instructions for Completing ADFA Form 4000-98

- Block 1 - Applicant is the agency to whom HOME funds have been obligated to. (i.e. the agency who has signed the HOME Contract of Agreement) Please complete all information. County is for the counties that are covered in your regular operating jurisdiction.
- Block 2 - Fill in all blanks for the person completing the application (contact person)
- Block 2a- Enter the owner/developer's name, address and telephone number of the property that pertains to this project
- Block 3 - Also give a brief summary of the type project you intend on doing.
- Block 4 - Check which type of applicant you are.
- Block 5 - Fill in all district information.
- Block 6 - Fill in the amount of HOME funds requested for this particular project, along with any other monies being used for this particular project, along with the percentage of each.
- Example: You are doing a low income homebuyers assistance project with a total cost of
- \$50,000
 - \$ 3,000 HOME funds for 6%
 - \$47,000 Private funds for 94%
- Block 7 - Check which type project this is
- Block 8 - Chief Elected Local Official must read, sign and date this

I. SUMMARY INFORMATION

11. If the application proposed to utilize a portion of the HOME funds as a subsidy to the homeowner, describe in detail how this transaction will occur at closing and detail the portion of HOME funds that will remain as a subsidy and the amount that will be returned to ADFA. (Describe this transaction per unit)

12. Describe the marketing plan to qualified homeowners.

13. Do you have a waiting list of pre-approved applicants? (If yes, attach list)

14. Does the application provide homebuyer counseling to the homeowners? If applicable, please describe the counseling plan that will be provided or required.

II. PROJECT READINESS

A. Ownership Information

1. Does applicant own the property? (**Attachment 2, Deed**) ☐ Yes ☐ No
2. If no, does applicant have site control? ☐ Yes ☐ No
 - (a) If yes, form of control: ☐ Purchase Contract ☐ Lease with option to purchase
 - (b) Expiration Date of Contract/Option _____
3. If no, describe the plan for attaining site control:

B. Appraisal

1. Has an appraisal been completed on the property? ☐ Yes ☐ No
(**Attachment 3, Appraisal**)
2. Appraised Value of the Land and Improvements: \$ _____
3. Purchase Price: \$ _____ Land \$ _____ Structure, if existing
4. (Prospective) Seller's Name: _____
Address: _____
City, State, Zip Code: _____
Phone: (____)-____-_____
5. Is the (prospective) seller related to the applicant or owner? ☐ Yes ☐ No
(Including Board Members and employees?) (**Attachment 4, Verification of Arm's Length Transaction**)
Board members must obtain Governor's Waiver to sell property to applicant

If yes, what is the relationship?

C. Zoning and Utilities

1. Is site property zoned for your development?(If yes, attach verification) ☐ Yes ☐ No
(Attachment 5, Verification of Site Zoning)

2. If no, what are zoning issues and when is the zoning issue to be resolved?
Explain:

3. Are all utilities presently available to the site? ☐ Yes ☐ No

If no, which utilities need to be brought to site?

☐ Electric ☐ Water ☐ Phone ☐ Gas
☐ Sewer ☐ Other:_____

D Development Amenities

Equipment to be included in each unit (*mark all that apply*)

☐ Range ☐ Refrigerator ☐ Disposal
☐ Dishwasher ☐ Central Heat/Air ☐ Garage/Carport
☐ Outside storage Other:_____

E. Plans and Specs

1. Have plans and specifications/work write-ups been completed? ☐ Yes ☐ No

(a) If no, have plans or specs been started? ☐ Yes ☐ No

(b) If plans are incomplete, describe the timeline for having the plans and specs completed:

2. Attach any available plans and specifications or initial drawings. (Attachment 6, Plans & Specifications)

3. Attach any available bid proposals or the results of the bid proposals. (Attachment 7)

III. FINANCING PLAN

A. Development Costs Budget (Submit one budget per unit)

	HOME Funds	Other Funds	Total Cost
Acquisition			
Purchase of Land	_____	_____	_____
Other Expenses	_____	_____	_____
Hard Costs			
Site Work	_____	_____	_____
Demolition	_____	_____	_____
Construction	_____	_____	_____
Appliances	_____	_____	_____
Accessory Buildings	_____	_____	_____
General Requirements	_____	_____	_____
Contractor Overhead	_____	_____	_____
Contractor Profit	_____	_____	_____
Construction Contingency	_____	_____	_____
Other (list on separate sheet)	_____	_____	_____
Soft Costs			
Architect Fee - Design	_____	_____	_____
Architect Fee - Supervision	_____	_____	_____
Legal Fees	_____	_____	_____
Engineering Fees	_____	_____	_____
Other Professional Fees (list)	_____	_____	_____
Appraisal	_____	_____	_____
Market Study	_____	_____	_____
Environmental Report	_____	_____	_____
Title and Recording Expense	_____	_____	_____
Relocation Expense	_____	_____	_____
Consultants	_____	_____	_____
Other Soft Costs	_____	_____	_____
Interim Costs			
Construction Insurance	_____	_____	_____
Construction Interest	_____	_____	_____
Construction Loan Origination	_____	_____	_____
Credit Enhancement	_____	_____	_____
Real Estate Taxes	_____	_____	_____
Financing Costs			
Bond Premium	_____	_____	_____
Permanent Loan Origination	_____	_____	_____
Permanent Loan Credit Enhance	_____	_____	_____
Other Financing Costs	_____	_____	_____
Developer Fee	_____	_____	_____
TOTAL DEVELOPMENT COST	_____	_____	_____

Submit the following to support and verify the all items of the above proposed financial plan: copies of general contracts, estimates or sworn statements. **(Attachment 8)**

B. Funding Sources

Attach copies of financing firm commitment letters or letters of interest from each funding source. **(Attachment 9, Copy of commitment letters from other funding sources)**

C. Project Affordability

Describe the procedures that will be used to ensure that the units remain affordable and occupied by low-income households for at least the required term of HOME Program Affordability.

D. Operating Expense Budget - Yearly Estimate

1. General and Administrative	
Advertising & Marketing	_____
Management Fee	_____
Percent of Effective Gross Income	_____%
Administrative	_____
Legal	_____
Accounting	_____
Office Supplies	_____
Credit Investigations	_____
Leasing Fees	_____
Other	_____
TOTAL Administrative Costs	\$_____

I. DEVELOPMENT TIMELINE

Fill in completion or anticipated completion dates for all development tasks listed. Make sure the dates are realistic.

A. Timeline*

Task	Completion Date
Project Start Up	
Site Acquisition	
Zoning	
Plans and bid specs	
Initial Closing	
Construction/Implementation	
Construction contract awarded	
Pre-construction conference	
Construction starts	
Construction completed	

*Another form may be used; however, it **must** contain all the elements of this form.

II. DEVELOPMENT EXPERIENCE

A. Development Team Experience

Identify the following team members as applicable and attach resumes or a summary of experience of each team member which illustrate experience in similar projects. Owner financial statements, including income statements and balance sheets, must be provided. (NOTE: If the project contains a small number of units to be rehabilitated, several of the following team members may not be applicable.)

1. Owner:
Address:
City, State, Zip Code:
Phone/Fax:
2. Project Manager/Developer:
Address:
City, State, Zip Code:
Phone/Fax:
3. General Contractor:
Address:
City, State, Zip Code:
Phone/Fax:
4. Architect:
Address:
City, State, Zip Code:
Phone/Fax:
5. Attorney:
Address:
City, State, Zip Code:
Phone/Fax:
6. Property Management Agent:
Address:
City, State, Zip Code:
Phone/Fax:
7. Consultant (if applicable):
Address:
City, State, Zip Code:
Phone/Fax:

B. Federal Labor Standards (Davis-Bacon)

If the project to be constructed/rehabilitated contains 12 or more HOME assisted units, the federal labor standards provisions regarding the payment of prevailing wage rates as determined by the Department of Labor apply.

C. Contractor Licensing

Must have contractor licensed by State for projects over twenty thousand dollars (\$20,000).
(Attachment 10, License)

Does the general contractor have experience?

Yes ☐ No ☐

III. OTHER

A. Special Needs Populations

Identify any project features designed to serve populations with special housing needs, including persons with disabilities, the elderly, or large families (units with 3 or more bedrooms). This could include design features, occupancy preferences, etc.

B. Building and Energy Standards

Describe the construction and energy standards that will be used for the project. Upon completion, all units must meet Section 8 Housing Quality Standards or local codes, if applicable. Project costs greater than \$25,000/unit must meet all local codes, rehabilitation standards, zoning ordinances, and the Cost Effective Energy Standards (24 CFR Part 39). New construction projects must meet all local codes, building standards, zoning ordinances, and the Model Energy Code published by the Council of American Building Officials and the State Energy Code.

IV. CERTIFICATION

The undersigned is responsible for ensuring that the project complies with Title II of the National Affordable Housing Act of 1990, and the HOME Investment Partnerships Program regulations at 24 CFR Part 92. The undersigned is also responsible for ensuring that the project or program complies with administrative rules that the Arkansas Development Finance Authority (the "Authority") may promulgate to govern the Program.

The undersigned hereby agrees that, to the greatest extent feasible, opportunities for training and employment arising in connection with the planning and implementation of any project under any program of the Authority shall be given to minority individuals and women.

The undersigned hereby agrees that, to the greatest extent feasible, and consistent with Arkansas and Federal Law, contracts for work to be performed in connection with any development funded by the Authority shall be made available and awarded to businesses, including but not limited to those in the fields of finance, consulting, design, architecture, marketing, construction, property management or maintenance, which are owned, in whole or in part, by minority individuals and/or women.

The undersigned hereby agrees that any project under any program of the Authority shall be affirmatively marketed and available for occupancy by all persons regardless of race, national origin, religion, creed, sex, age, handicap, or family status. The undersigned will document the actions taken to affirmatively further fair housing.

The undersigned hereby agrees that the implementation of any project under any program of the Authority shall minimize the involuntary displacement of low-income households. Your signature on this application indicates your receipt of this statement and your agreement to comply with the Authority's non-displacement in housing policy. The undersigned further agrees to conform to the policy in every phase of the planning, implementation and operation.

Your signature will indicate your receipt of this statement and agreement to comply with the Authority's equal employment opportunity and non-discrimination policies.

Your signature will also indicate your understanding that the Authority's willingness to issue a commitment to you for HOME Program funds is conditioned upon your agreement to comply with these policies.

The undersigned, as an essential part of the application for allocation for HOME Program funds hereby certifies that the information contained herein is true to the best of the undersigned's knowledge and belief. Falsification of information supplied in this application may disqualify the project for HOME Program funds. The information given by the undersigned may be subject to verification by the Authority.

The undersigned hereby agrees that the undersigned is legally able to operate in the State of Arkansas and that the undersigned is in good standing with the Arkansas Secretary of State.

The undersigned has caused this document to be duly executed in its name on this _____ day of _____, 2002.

Legal Name of Applicant

By: _____
Name

Title